

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018834

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		4					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20	1						70						
21		1					71						
22		1					72						
23		3					73						
24		0					74						
25		3					75						
26		3					76						
27		3					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	2						TOTAL						
IND.	36						IND.						
DEP.	38						DEP.						
TOTAL							CLAIMS						

1-1380 (3-86)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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